



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 020801-000920US										
<div style="display: flex; align-items: center;"><div style="flex: 1;"></div><div style="flex: 2;"><table border="1"><tr><td colspan="2">In re Application of Ian MacLachlan, et al.</td></tr><tr><td>Application Number 09/243,102</td><td>Filed February 2, 1999</td></tr><tr><td colspan="2">For SYSTEMIC DELIVERY OF SERUM STABLE PLASMID LIPID PARTICLES FOR CANCER THERAPY</td></tr><tr><td>Group Art Unit 1635</td><td>Examiner J. Zara</td></tr></table></div><div style="flex: 0.5; text-align: right; vertical-align: middle;">#23/ E.O.T.</div></div>			In re Application of Ian MacLachlan, et al.		Application Number 09/243,102	Filed February 2, 1999	For SYSTEMIC DELIVERY OF SERUM STABLE PLASMID LIPID PARTICLES FOR CANCER THERAPY		Group Art Unit 1635	Examiner J. Zara		
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$930</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 465 .</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p>attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). <u>48,631</u> .</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="text-align: center;"><u>April 2, 2003</u> Date</div><div style="text-align: center;"> Signature <u>Carol A. Fang, Reg. No. 48,631</u> Typed or printed name</div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$930	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$
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Burden Hour Statement: ThD FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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